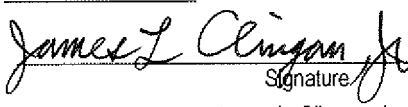
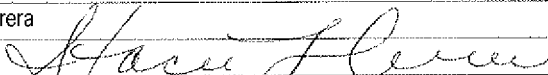
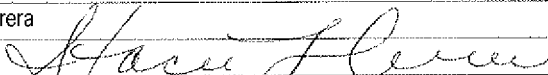


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: SC11823TC																														
In re Application of	Alexander Barr et al																															
Application Number	10/780,143	Filed February 17, 2004																														
For	SEMICONDUCTOR STRUCTURE HAVING STRAINED SEMICONDUCTOR AND METHOD THEREFOR																															
Group Art Unit	2823	Examiner William D. Coleman																														
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 55%;">One Month (37 CFR 1.17(a)(1))</td> <td style="width: 40%; text-align: right;">\$ 120.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two Months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ 450.00</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Three Months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ 1020.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four Months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ 1590.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five Months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ 2160.00</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 503079</p> <p><input checked="" type="checkbox"/> I have enclosed a duplicate copy of this sheet.</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.</p> <p><input checked="" type="checkbox"/> Attorney or agent of record (Registration No.: 30,163)</p> <p><input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>August 16, 2006</p> <p>_____</p> <p>Date</p> </div> <div style="text-align: center;">  <p>_____</p> <p>Signature</p> <p>James L. Clingan, Jr.</p> <p>_____</p> <p>Type or printed name</p> </div> </div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <tr> <td colspan="3" style="padding: 5px;"> <input checked="" type="checkbox"/> Total of _____ form(s) are submitted </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> CERTIFICATE OF MAILING OR TRANSMISSION OR SUBMISSION </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <p>I hereby certify that this correspondence is being facsimile transmitted or submitted via UPSTO's EFS system or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date:</p> <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">August 16, 2006</div> </td> </tr> <tr> <td style="width: 30%; padding: 5px;">Typed or printed name</td> <td colspan="2" style="padding: 5px;">Stacie Herrera</td> </tr> <tr> <td style="padding: 5px;">Signature</td> <td colspan="2" style="padding: 5px;">  </td> </tr>			<input type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 120.00	<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 450.00	<input checked="" type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 1020.00	<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1590.00	<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 2160.00	<input checked="" type="checkbox"/> Total of _____ form(s) are submitted			CERTIFICATE OF MAILING OR TRANSMISSION OR SUBMISSION			<p>I hereby certify that this correspondence is being facsimile transmitted or submitted via UPSTO's EFS system or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date:</p> <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">August 16, 2006</div>			Typed or printed name	Stacie Herrera		Signature		
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